DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY COMPLETED (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING 445124 B. WING 10/11/2017 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 555 EAST BLEDSOE STREET THE WATERS OF GALLATIN, LLC GALLATIN, TN 37066 PROVIDER'S PLAN OF CORRECTION (X6) COMPLETION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) F 000 INITIAL COMMENTS F 000 A recertification survey and complaint investigation #40360, #41301, #41529, #41809, F 223 483.12(a)(1) #41885 and #42449 were completed on 10/9/17-10/11/17 at The Waters of Gallatin. 1.Physical assessment Deficiencies were cited related to the completed on resident #81 by recertification survey and complaint investigation #41809 and #41885, under 42 CFR PART 483, attending physician and medical Requirements for Long Term Care Facilities. director with findings noted. Q F 223 F 223 FREE FROM ABUSE/INVOLUNTARY 15 minute checks initiated until SS=D SECLUSION cleared by NP on 06.27.2017 @ CFR(s): 483.12(a)(1) 1:00. SW assessed resident, 483.12 completed BIMS score 14, PHQ4 The resident has the right to be free from abuse, score 4/27.Residents physically neglect, misappropriation of resident property, and exploitation as defined in this subpart. This assessed by licensed nursing includes but is not limited to freedom from personnel throughout day with corporal punishment, involuntary seclusion and resident noted to be happy, any physical or chemical restraint not required to treat the resident's symptoms. joking with staff, and on IPad. Skin assessment completed by 483.12(a) The facility must-ADON on 06.27 with no new (a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary findings. Care plan revised on seclusion; 06.27.2017 by MDS Coordinator This REQUIREMENT is not met as evidenced to reflect resident condition. by: evaluation Based on review of facility policy, medical record **Psychologist** review, and interview, the facility failed to prevent 06.28.2017 with no distress abuse/exploitation for 1 residents (#81) of 5 noted. SW continued to follow resident reviewed for abuse. resident for how long for three The findings included: days to monitor for changes in mood or signs and Review of facility policy, Cell Phone Policy, undated, revealed "... It is Facility's policy that symptoms of psychological representatives of our organization do not use

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

ad ministrato

(X6) DATE

10/30/2017

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

distress.

		AND HUMAN SERVICES			FORM APPROVED MB NO: 0938-0391
STATEMENT	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A _i ,BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
Amount on the second			B WING	STREET ADDRESS, CITY, STATE, ZIP CODE	10/11/2017
5	PROVIDER OR SUPPLIER TERS OF GALLATIN,	LLC		55 EAST BLEDSOE STREET GALLATIN, TN 37066	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETION
	tasks. Further, vide be taken of residen Information] and eF Health Information] Medical record revie admitted to the facilion 7/15/17 with diag Supracondylar Frace Extension of Lower Chronic Obstructive on Chronic Combin Heart Failure, Type Diabetic Neuropathy Chronic Pain Syndre Effusion, Gastropar Disorder, Major Dep Disorder, Hypertensiand Gastro-Esopha Esophagitis. Reside facility on 7/28/17. Medical record revied Data Set dated 6/28 a Brief Interview for indicating she was considered as the facility written statement from (CNA) #2 dated 6/27 by [CNA #1]. It was a resident in 408B. I a showing the picture in 1918 and 19	hones while performing work o and or pictures should not ts, PHI [Protected Health PHI [electronic Protected" ew revealed Resident #81 was lity on 11/11/16 and readmitted gnoses including Displaced sture with Intracondylar End of Left Femur, Dyspnea, Pulmonary Disease, Acute ed Systolic and Diastolic 2 Diabetes Mellitus with y, Chronic Atrial Fibrillation, ome, Heart Failure, Pleural esis, Hyperlipidemia, Panic pressive Disorder, Anxiety sion, Irritable Bowel Syndrome geal Reflux Disease without ant #81 discharged from the lew of the Quarterly Minimum /17 revealed the resident had Mental Status score of 15, ognitively intact. Investigation revealed a per Certified Nurse Aide (7/17 "I was shown a picture on inappropriate picture of the less witnessed [CNA #1] at the nurse's station one	F 223	potential to be affected by the practice. On 06.27.2017 residents were interviewed department heads utilizing Abuse Questionnaire. It concerns were identified, residents received a skew assessment on 06.27.2017, concerns were identified, staff were interviewed nursing administration and Administrator regarding abuse and neglect using the Abuse Questionnaire. Interviewincluded any knowledge incident. No new reports abuse were identified.	all by ng No All cin no All ng nd se se ws of of of aff nd se se iss .7, ed he no
	7(02-99) Previous Versions C	made a recommendation to	Fac	Ilily ID: TN8301 If continua	tion sheet Page 2 of 10

	The state of the s	H AND HUMAN SERVICES E & MEDICAID SERVICES			FORM APPROVED MB NO. 0938-039
TATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	The second secon	IPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED
1 W -1 350	كالمناف المنطبية المالية المالية المستدينة		B, WING	the state of the same of the s	10/11/2017
Na Contraction	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 555 EAST BLEDSOE STREET GALLATIN, TN 37066	
(X4) İD PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROVIDENCE)	D BE COMPLETION
	tasks. Further, vide be taken of resider Information] and el Health Information] Medical record reviadmitted to the faction 7/15/17 with dia Supracondylar Frac Extension of Lower Chronic Obstructive on Chronic Combin Heart Failure, Type Diabetic Neuropath Chronic Pain Syndreffusion, Gastropal Disorder, Major De Disorder, Hypertensiand Gastro-Esopha	ohones while performing work eo and or pictures should not nts, PHI [Protected Health PHI [electronic Protected	F 22	administration on Cell Ph policy. On 06.27.2017, 100 staff trained by Administration Social Media policy. On 0 and 06.28.2017, 100% of trained by Administrator nursing administration HIPPA. On 06.28.2017, 100 staff received training Dignity, Respect, Custo Service.All new employees	sing none % of ator on 6.27 staff and on % of on mer will man and Cell
	Data Set dated 6/26 a Brief Interview for Indicating she was described by Evillating Set (CNA) #2 dated 6/2 by [CNA#1]. It was resident in 408B. I a	ly investigation revealed a com Certified Nurse Aide 17/17 "I was shown a picture an inappropriate picture of the also witnessed [CNA#1] at the nurse's station one		4.The SW will con- Abuse/Neglect Interviews a random sample of resid with BIMS > 9 or higher and family members every week four weeks, and then monfor three months, reporresults to QAPI Committee review and recommendat	ents d/or k for hthly ting for

Telephone interview with CNA #1 on 10/11/17 at 6:35 PM revealed she admitted taking a picture of Resident #81 while the resident was transferring

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C.	e e					Z	RESPECT,
		Ē.	CELL	SOCIAL		STAFF	CUSTOMER
EMPLOYEE NAME	POSITION	ABUSE	PHONE	MEDIA	HIPPA	QUESTIONNAIRE	SERVICE
Adams, Tierra	HOUSEKEEPING	6/27	6/27	6/27	6/27	6/27	6/28
Adams, Valaurie	HOUSEKEEPING	6/27	6/27	6/27	6/27	6/27	6/28
Adams, Virginia	DIETARY AIDE	6/27	6/27	6/27	6/27	6/27	6/28
Alguire, Lori	LPN	REFUSED	6/27	6/27	REFUSED	6/27	REFUSED
Ashworth, Tina	SOCIAL SERVICES	6/27	6/27	6/27	6/27	6/27	6/28
Blackwood, Sherrie	LPN	6/27	6/27	6/27	6/27	6/27	6/28
Błake, Sarah	ST	6/27	6/27	6/27	6/27	6/27	6/28
Byram, Jana K.	DON	6/26	6/26	6/27	6/26	6/27	6/28
Bỳrd, Melissa	RN	6/27	6/27	6/27	6/27	6/27	08/9
Cantrell, Shelia	CLERICAL/PAYROLL	6/27	6/27	6/27	6/27	6/27	6/28
Chastian, Margie	LPİN	6/27	6/27	6/27	6/27	6/27	6/59
Clay, Montrea	CNA	6/27	6/27	6/27	6/27	6/27	6/28
Cook, Christie	CNA	6/27	6/27	6/27	6/27	6/27	6/59
Cooper, Destiney N	CNA	6/27	6/27	6/27	6/27	6/27	6/28
Copass, Phyllis	CNA	6/27	6/27	6/27	6/27	6/27	6/29
Crain, Tony	MAINTENANCE DIR	6/27	6/27	6/27	6/27	6/27	6/28
Cross, Rita	TRANSPORTATION	6/27	6/27	6/27	6/27	6/27	6/28
Dabio, Mindy	TO	6/28	6/27	6/27	6/28	6/27	6/28
Dalton, Sharl	CNA	6/27	6/27	6/27	6/27	6/27	6/28
Davenport, Jamie	CNA	6/27	6/27	6/27	6/27	6/27	6/28
Dell'Aquila, Johnna	LPN	6/27	6/27	6/27	6/27	6/27	6/28
Dixon, Madelyn Rochelle	OFFICE MANAGER	6/27	6/27	6/27	6/27	6/27	6/28
Douglas, Sonya	CNA	6/28	6/28	6/28	6/28	6/28	6/28
Esquivel, Jeannie	HSKP SUPERVISOR	6/27	6/27	6/27	6/27	6/27	6/28
Faulton, Lois	CNA	6/27	6/27	6/27	6/27	6/27	6/28
Foshee, Jeniffer	LPN	6/27	6/27	6/27	6/27	6/27	6/28
Getchel, Danielle	MDS	6/27	6/27	6/27	- 6/27 -	6/27	6/28
Gleaves, Jeraldean	CNA	6/27	6/27	6/27	6/27	6/27	6/28
Gooch, Charla	LPN	6/27	6/27	6/27	6/27	6/27	6/59
Goostree, Kelsey	CNA	6/27	6/27	6/27	6/27	6/27	6/28

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	£.					a '	RESPECT,
			CEIL	SOCIAL		STAFF	CUSTOMER
EMPLOYEE NAME	POSITION	ABUSE	PHONE	MEDIA	HIPPA	QUESTIONNAIRE	SERVICE
Grissom, Bryan	PT	6/28	6/27	6/27	6/28	6/27	6/28
Grizzard, Janie	DIETARY AIDE	6/27	6/27	6/28	6/27	6/27	6/28
Gross, Kathy	DIETARY DIRECTOR	6/27	6/27	6/27	6/27	6/27	6/29
Haapala, Carrie	RSM	6/27	6/27	27/9	6/27	6/27	6/28
Haile, Peggy	CNA	6/27	6/27	6/27	6/27	6/27	6/28
Hall, Darneka	HOUSEKEEPING	6/27	6/27	6/27	6/27	6/27	6/28
Haper, Linda	ACTIVITY AIDE	6/27	6/27	6/27	6/27	6/27	6/28
Harris, Ashley	DIETARY DIRECTOR	6/27	6/27	6/27	6/27	6/27	6/28
Harrís, Lisa	CNA	6/27	6/27	6/27	6/27	6/27	6/28
Haviland, Bonnie	COOK	6/27	6/27	6/27	6/27	6/27	6/28
Henry, Phillip	CNA	6/27	6/27	6/27	6/27	6/27	6/28
Honeycutt, Carolyn Renea	CNA	6/27	6/27	6/27	6/27	6/27	6/28
Hoskins, Christy	LPN	6/27	6/27	27/9	6/27	6/27	6/28
Howard, Moffitt Verica	RN	6/27	6/27	6/27	6/27	6/27	6/28
Christian, Renard	HOUSEKEEPING	6/27	6/27	6/27	6/27	6/27	6/28
Humphrey, angelitio	COOK	6/28	6/28	6/28	6/28	6/28	6/28
Jenkins, Marchell	DIETARY AIDE	6/27	6/27	6/27	6/27	6/27	6/28
Joaque, Lucy	CNA	6/27	6/27	6/27	6/27	6/27	6/29
Johnson, Dominque	CNA	6/28	6/27	6/27	6/28	6/28	6/28
lones, Karen	MEDICAL RECORDS	6/27	6/27	6/27	6/27	6/27	6/28
Layne, Amy	LPN	6/27	6/27	6/27	6/27	6/27	Resigned 6/29
ayne, Tammy	CNA	6/27	6/27	6/27	6/27	6/27	6/28
	PT	6/28 MAIL	6/27	6/27	6/28 MAIL	6/27	6/28
Litts, Vickie	A. N.	6/27	6/27	6/27	6/27	6/27	6/28
ocke, Bettye	MDS	6/27	6/27	6/27	6/27	6/27	6/28
oftis, Robert	COTA	6/27	6/27	. 6/27	6/27	6/28	6/28
Long, Maria	HOUSEKEEPING	6/27	6/27	6/27	6/27	6/27	6/28
Malone, Burnell	REHAB AIDE	6/27	6/27	6/27	6/27	6/27	6/59
Manier, Donner	ACTIVITY DIRECTOR	6/27	6/27	6/27	6/27	6/27	6/28
Martin, Robin	CNA	6/27	6/27	97/9	6/27	6/27	6/28
McDonald Anna	HOUSEKEEPING	6/27	6/27	6/27	6/27	6/27	82/9

	2	a					DIGNITY, RESPECT.
		18	CELL	SOCIAL		STAFF	CUSTOMER
EMPLOYEE NAME	POSITION	ABUSE	PHONE	MEDIA	HIPPA	QUESTIONNAIRE	SERVICE
Mikkelsen, Erika	ρΤ	6/27	6/27	6/27	6/27	6/27	6/28
Moore, Judy	CNA	6/27	6/27	6/27	6/27	6/27	6/28
Morris, Cynthia Hasking	TO	6/27	. 6/27	6/27	6/27	6/27	6/28
Morrison, Sally	PTA	6/27	6/27	6/27	6/27	6/27	6/28
Newman, Ida	Nd7	6/27	6/27	6/27	6/27	6/27	6/59
Overall, Danielle Lexie	CNA	6/27	6/27	6/27	6/27	6/27	6/28
Overman, Judy	LPN	6/27	6/27	6/27	6/27	6/27	6/30
Peek, Elizabeth	CNA	6/28	6/28	6/28	6/28	6/28	6/28
Rand, Trevor	LPN	6/27	6/27	6/26	6/27	6/27	6/28
Reynolds, Jennifer	LPN	6/27	6/27	6/27	6/27	6/27	6/28
Roberts, Patricia	CNA	6/27	6/27	6/27	6/27	6/27	6/28
Satterfield, Sharon	CNA	6/27	6/27	6/27	6/27	6/27	6/28
Shelton, Dawn Michelle	COOK	6/27	6/27	6/27	6/27	6/27	
Sisco, Angela	NdT	6/28	97/9	92/9	6/28	6/27	6/29
Smiley, Delia	ADMISSION DIR	97/9	6/26	97/9	92/9	6/27	6/58
Smith, Joyce L.	CNA	6/27	6/27	6/27	6/27	6/27	6/28
Spencer, Lisa	PT	6/28	6/27	6/27	6/28	6/27	6/28
Sollinger, Kevin	CNA	6/27	6/27	6/27	6/27	6/27	6/28
Steitler, Hannah	ST	6/27	6/27	6/27	6/27	6/27	6/28
Stevens, Jamie	CNA	6/27	6/27	6/27	6/27	6/27	6/28
Stewart, Rita Annette	CNA	6/27	6/27	6/27	6/27	6/27	6/28
Sweat, Jennifer	CNA	6/27	97/9	6/27	6/27	6/28	6/28
Thieme, Jennifer	DIETARY AIDE	6/28	6/28	6/28	6/28	6/27	08/9
Toney, Amy	CNA	6/27	6/27	6/27	6/27	6/27	6/59
Wheeler, Amanda	CNA	6/27	6/27	6/27	6/27	6/27	6/28
Williams, Larry	PTA/TC	6/28	6/27	6/27	6/28	6/27	6/28
Williams, Pam	ST	6/28	6/27	6/27	6/28	6/27	6/28
Williams, Priscilla	LAUNDRY	6/27	6/27	6/27	6/27	6/27	6/28
Williams, Trina	CNA	6/27	- 6/27	6/27	6/27	6/27	6/59
Willmore, Robin	ADMINISTRATOR	6/28	6/28	6/28	6/28	6/28	6/28
Wood, Therese P	IPN	6/28	6/26	97/9	6/28	6/27	6/59
Woodard, April	HOUSEKEEPING	6/27	6/27	6/27	6/27	6/27	6/28
Yeagar, Laura	DOR	6/27	6/27	6/27	6/27	6/27	6/28

4/26/17

Staff Questionnaire

Staff Name:		Date:_		
1. Have you or resident?	or do you know if a	anyone has ever ta	aken any pictur	es of a
	rane.		a	
			×	
	v			
â.	# # # # #		5	1)
2 Have you o	or do you know of	anyone posting re	cidents nicture	s or
	n on any social me		sidents picture	: 3 O I
		a X	×	
	W W		e ja	
3. Have you e	ever witnessed any	type of abuse to	ward a resident	in this
facility?	* *	, B		
				225
	**		25	
a		×		
	524	1.0		
4. Have you o	or do you know of a	any staff member	that has violate	ed the
Personal Ho	ealth Information(PHI) policy in rega	ords to any resi	dent in this
				× .

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED
		445124	B, WING	THE REPORT OF THE PARTY OF THE	10/11/2017
THE WAT	PROVIDER OR SUPPLIE FERS OF GALLATIN SUMMARY S	I, LLC	ID PREFIX	STREET ADDRESS, CITY, STATE, ZIP CODE 556 EAST BLEDSOE STREET GALLATIN, TN 37066 PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD	DBE COMPLETION I
PREFIX TAG	REGULATORY OF	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO DEFICIENCY)	PRIATE
F 223 F 225 SS=D	from the bedside unknown when the interview revealed from the waist do approximately 2 r picture to CNA #2 to any other staff. Interview with the 4;30pm in her office on the bedside of the picture of	commode to the bed. It was is picture was taken. Further if the resident was not clothed wn. Further interview revealed nonths later the CNA sent the and denied showing the picture. Administrator on 10/11/17 at ce revealed confirmed the event abuse/exploitation for EPORT NDIVIDUALS	F 22	administrator with follow completed as appropria Department Heads will au staffs cell phone complian dally during room roundocumenting on Room Rour Form. Any concerns will immediately reported to the Administrator/designee with the complete and	the up te. dit nce ds, nds be the ith
	(ii) Have been fou exploitation, misa mistreatment by a (iii) Have had a fin nurse aide registrexploitation, mistrespropriation (iii) Have a disciplor her professionabody as a result of exploitation, mistrespropriation (iii) Report to the \$\frac{1}{2}\$	otherwise engage individuals nd guilty of abuse, neglect, ppropriation of property, or	- E	Administrator, Director Nursing, and Assistant Director of Nursing received training	t # ent ind ile. /ed ing use I to ew d in ile. of

THE WATERS OF GALLATIN - In-Service Record

Date: 01, 27. 7017

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PRINT NAME	SIGNATURE	TITLE SHIFT
Robin Willman	SIGNATURE	Admin
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THE WATERS OF GALLATIN - In-Service Record

PRINT NAME	OTENIA TI IO	·	
misty Hoskins	81GNATURE	TITLE	SHIFT
Jana Byram	Jana Binam, RN	ACOL	-
	Jana Byram, RN	JON	
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Short to 6/29/17

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTE	RS FOR MEDICARI	E & MEDICAID SERVICES	r		TAN DATE CHEVEY
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		445124	B, WING_		10/11/2017
NAME OF	PROVIDER OR SUPPLIER	Actual to the second se	9H4 01 V	STREET ADDRESS, CITY, STATE, ZIP CODE	3
THE WA	TERS OF GALLATIN,	LLC		555 EAST BLEDSOE STREET GALLATIN, TN 37066	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES LY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROPOLICIENCY)	D BE COMPLETION
F 225	Continued From pa	age 3	F 22	Conducting Investigations of 06.27 and 06.29 by the region	
	actions by a court	of law against an employee, ite unfitness for service as a	1	consultants.	
	nurse aide or othe	•		2.All residents have the potential to be affected by the	ne Nis
	(c) In response to a exploitation, or mis	allegations of abuse, neglect, treatment, the facility must:		practice. 100% of residents wi	th
. 10	(1) Ensure that all	alleged violations involving ploitation or mistreatment,		BIMS > 9 and or family membe	
	including injuries o	f unknown source and f resident property, are		worker to ensure no unreporte	
	reported immediate	ely, but not later than 2 hours is made, if the events that		abuse with no new finding 100% of staff were educated of	on
	cause the allegation	on involve abuse or result in y, or not later than 24 hours if		abuse and neglect by nursing administration on 06.27 at	
1	the events that cau	ise the allegation do not involve result in serious bodily injury, to		07.13 then administered	an,
	officials (including	f the facility and to other to the State Survey Agency and		Abuse Competency Test wi	
	for jurisdiction in lo	rvices where state law provides ng-term care facilities) in		comprehension. Sk assessments were completed	(in
3 1	procedures.	tate law through established		06.27.2017 by ADON	on
	(2) Have evidence thoroughly investig	that all alleged violations are		residents with BIMs of < equal to 8 with no new finding	
9. 5.	THE PERSON OF THE PARTY OF	potential abuse, neglect,	*	3.Administrator, Director	of
Ť	exploitation, or mis investigation is in p	treatment while the rogress.		Nursing, and Assistant Direct of Nursing were trained	on
1		Its of all investigations to the		1 174 1.74 regional consultar	nts
10		to other officials in accordance		on Abuse Investigation a Reporting. Abuse checklist v	vas
	Agency, within 5 we	uding to the State Survey orking days of the incident, and lon is verified appropriate	N. -S	reviewed and to be utilized in investigations.	all
19	corrective action m			HitaesriBarious	

FORM APPROVED OMB NO: 0938-0391

STATEMENT	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	D(3.7 O)	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		445124	B. WING	20 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	10/11/2017
ALL DESCRIPTION OF	PROVIDER OR SUPPLIE TERS OF GALLATIN		5	TREET ADDRESS, CITY, STATÉ, ZIP CODE 166 EAST BLEDSOE STREET GALLATIN, TN 37066	
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F 225	This REQUIREM by: Based on review review, and intervitoroughly investing (#81) of 5 resider The findings inclusively Program, dated 1 Administrator or callegation and obdocumentation resident admitted to the factor of 1/15/17 with dispracondylar Frextension of Low Chronic Obstruction Chronic Combinator Pain Syn Effusion, Gastrop Disorder, Major Disorder, Major Disorder, Hyperteand Gastro-Esop	of facility policy, medical record riew, the facility failed to gate 2 allegations for 1 resident ris reviewed for abuse. Ided: policy, Abuse Prevention /19/17 revealed "Once the designee determines that there ause for suspecting abuse, the designee will investigate the tain a copy of any lative to the incident" Inview revealed Resident #81 was cility on 11/11/16 and readmitted agrioses including Displaced acture with Intracondylar er End of Left Femur, Dyspnea, we Pulmonary Disease, Acute sined Systolic and Diastolic to 2 Diabetes Mellitus with thy, Chronic Atrial Fibrillation, drome, Heart Failure, Pleural aresis, Hyperlipidemia, Panic tepressive Disorder, Anxiety anslon, Irritable Bowel Syndrome mageal Reflux Disease without dent #81 discharged from the	F 225	4. The Nurse Consultant audit all Reportable Equilizing the Investigation Checklist ensure Abuse Investigated reporting policy and checare followed for three matter forwarded to Committee for review recommendation.	events Abuse to ns are and ecklist onths, QAPI
	Data Set dated 6/ had a Brief Interv	view of the Quarterly Minimum 28/17 revealed Resident #81 lew for Mental Status score of was cognitively intact.		s <u>*</u>	THE STATE OF THE S

PRINTED: 01/03/2010 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING 10/11/2017 B. WING 445124 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 555 EAST BLEDSOE STREET THE WATERS OF GALLATIN, LLC GALLATIN, TN 37066 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) F 225 F 225 Continued From page 5 Review of the facility investigation regarding abuse/exploitation of Resident #81 revealed no statement from the Identified staff who took the picture or from Resident #81. Review of the facility investigation of an undated hand written document revealed "...Res [resident] reported to nurse that \$80 was missing fr [from] wallet. It has been 2-3 days since she saw it ... " Further review of the facility's investigation revealed 5 witness statements were obtained from staff. Interview with the Administrator on 10/11/17 at 4:30 PM in her office revealed the resident was having hallucinations when she reported the money missing. The Administrator stated the hallucinations worsened as the day progressed. resulted in the resident being sent to local hospital for evaluation. The Administrator confirmed no additional witness statements were obtained nor was a statement obtained from Resident #81. The Administrator confirmed she wrote the hand written document in the

FORM CMS-2567(02-99) Previous Versions Obsolete

investigation. The Administrator confirmed the facility failed to thoroughly investigate 2 allegations of abuse/exploitation and misappropriation of funds for Resident #81.

Interview with the Assistant Director of Nursing

conference room revealed the statements in the investigations were obtained by the Director of Nursing, the Administrator and the ADON. The ADON confirmed no additional statements were obtained from any additional staff, from the identified staff who took the picture of Resident

(ADON) on 10/11/17 at 4:45 PM in the

#81 or from Resident #81 about either investigation. The ADON confirmed the facility

Event ID: AQJ411

Facility ID: TN8301

If continuation sheet Page 6 of 10

DEPARTMENT OF HEALTH AND HUMAN SERVICES

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	4	LE CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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	who willfully and kno	and Medicaid, an individual		residents by the Licensed Nurses by 10.20.17. Residentified with oral concerns we communicated to the physician	MDS ents vere	

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	resident assessme penalty of not more assessment; or (ii) Causes another and false statemen subject to a civil mo \$5,000 for each asses (2) Cilnical disagree material and false stris REQUIREMEN by: Based on medical and interview, the fa assess the oral stat residents reviewed. The findings include Medical record revieadmitted to the facilion 9/8/09 and 11/9/Alzheimer's Disease Tract Infection, Auto Diseases, Restless Deficiency, Acquired Disorder, Major Depwithout Behavioral Elypertension. Medical record revieadmit Set (MDS) dated 5/5/17, and the 8/2/17 of the Oral/Dethe resident had no the set (MDS) dated the resident had no the set	individual to certify a material tin a resident assessment is prey penalty or not more than sessment. It is not met as evidenced attement. It is not met as evidenced record review, observation, acility falled to accurately us of 1 resident (#34) of 20 aci. It is not met as evidenced record review, observation, acility falled to accurately us of 1 resident (#34) of 20 aci. It is not met as evidenced record review, observation, acility falled to accurately us of 1 resident (#34) of 20 aci. It is not met as evidenced record review, observation, acility falled to accurately us of 1 resident (#34) of 20 aci. It is not met as evidenced record review, observation, acility falled to accurately us of 1 resident (#34) of 20 aci.	F 278	dental appointments schedul follow up. Care plans will be up as needed. 3MDS Nurses were trained Regional MDS Nurse on Sec "Oral/Dental Status", on 10 The MDS Consultant will Aud of Comprehensive Assessments monthly for 3 received accurate coding et 10.25.17. Any concerns ide will be immediately addresse reeducation, correction communicated to the Administration of Comprehensive Assessments monthly for 3 received accurate coding concerns identified will immediately addressed reeducation, correction communicated to the Administration of Rursing for review forwarded to the Administration of Nursing for review for review and recommendated.	by the tion L, .24.17. It 10% MDS months fective entified ed with and strator. It 10% MDS months . Any I be with and strator. Vill be tor and w then emittee		
The second secon		0/17 at 9:53 AM in the Main		9	:		

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A, BUILDING		(X3) DATE SURVEY COMPLETED	
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F 278	Hall area, and on 10 Hall dining area rev several missing from of the mouth. Interview with the M 12:10 PM in her offi responsible for com section of the MDS Cordinator confirme status section on the 2/7/17, the Annual M	ge 8 0/11/17 at 7:20 AM in the 600 ealed Resident #34 had nt teeth at the top and bottom IDS Corrdinator on 10/11/17 at ce revealed she was pleting the dental status for Resident #34. The MDS nd Resident #34's dental e Quarterly MDS dated MDS dated 5/6/17 and the d 8/2/17 were not coded	F 27		D(II);	
F 516 SS=D	RELEASE RES INF RECORDS CFR(s): 483.20(f)(5) 483.20(f)(5) Reside	nt-identifiable information.	F 516	483.70(i)(3) RELEASE RESIDENT INFORMATION SAFEGUARD CLINICAL RECORD 10n 10.10.17 at 4:02 PM Assistant Director of Number 10 PM	the	
	(ii) The facility may resident-identifiable accordance with a cagrees not to use or except to the extent to do so. 483.70(i)(3) The fact record information a unauthorized use. This REQUIREMEN by: Based on review of and interview, the factors in the factor of the fact	elease information that is		secured the controlled substance prescription and educated licensed nurse on the policy Controlled Substance Prescript emphasizing the importance maintaining the security of controlled substance prescript by placement of prescriptions sealed envelopes for delivery pharmacy. Education was provide on ensuring the door to nursing station is locked we licensed staff are not in attenda	the for cions of the cions into / to also the /hen	

PRINTED: 01/03/2018 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE A. BUILDING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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FORM APPROVED OMB NO. 0938-0391

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Carrier and China		AND HUMAN SERVICES 4-	11-25-1	7 /12-20-17 ON	FORM APPROVED MB NO. 0938-0391.
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NAME OF	PROVIDER OR SUPPLIER	- 1/2m - 6 - 4m/0-2 1/2m -		FREET ADDRESS, CITY, STATE, ZIP CODE	* ************************************
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F 000	INITIAL COMMENT	s	F 000	2 E 12	
F 223 SS=D	#41885 and #4244 10/9/17-10/11/17 at Deficiencies were concertification surve #41809 and #41885 Requirements for Louisian FREE FROM ABUS SECLUSION CFR(s): 483.12(a)(1	o, #41301, #41529, #41809, were completed on The Waters of Gallatin. ted related to the y and complaint Investigation , under 42 CFR PART 483, ong Term Care Facilities. E/INVOLUNTARY	F 223	F 223 483.12(a)(1) 1.Physical assessmen completed on resident # 81 by attending physician and medical director with findings noted. Of 15 minute checks initiated until cleared by NP on 06.27.2017 @ 1:00. SW assessed resident	
	neglect, misappropr and exploitation as o includes but is not li corporal punishmen	e right to be free from abuse, ation of resident property, lefined in this subpart. This mited to freedom from an and incal restraint not required to ymptoms.		completed BIMS score 14, PHQ- score 4/27.Residents physicall- assessed by licensed nursing personnel throughout day with resident noted to be happy joking with staff, and on IPad Skin assessment completed by	y g h ',
The second secon	abuse, corporal puni seclusion; This REQUIREMEN by: Based on review of review, and interview abuse/exploitation for resident reviewed fo The findings included Review of facility pol undated, revealed "	, mental, sexual, or physical shment, or involuntary T is not met as evidenced facility policy, medical record to the facility failed to prevent or 1 residents (#81) of 5 abuse.		ADON on 06.27 with no new findings. Care plan revised of 06.27.2017 by MDS Coordinato to reflect resident condition Psychologist evaluation of 06.28.2017 with no distress noted. SW continued to follow resident for how long for three days to monitor for an changes in mood or signs and symptoms of psychological distress.	v n r n s v e
	DIRECTOR'S OR PROVIDE	R/SUPPLIER REPRESENTATIVE'S SIGN.	ATURE	Ad nonistrator	(X6) DATE 10/30/2017

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	tasks. Further, vide be taken of reside Information] and e Health Information Medical record revadmitted to the factor 7/15/17 with discurrence of Lowe Chronic Obstructive on Chronic Combinator Pain Synder Extension of Lower Chronic Pain Synder Chronic Pain Synder Chronic Pain Synder Chronic Pain Synder Major De Disorder, Major De Disorder, Hyperten and Gastro-Esophagitis. Resid facility on 7/28/17. Medical record revada Set dated 6/2 a Brief Interview for indicating she was Review of the facility written statement for (CNA) #2 dated 6/2 by [CNA #1]. It was resident in 408B. I showing the picture night & laughing above the statement of the facility of the facil	phones while performing work to and or pictures should not this, PHI [Protected Health PHI [electronic Protected]" liew revealed Resident #81 was sility on 11/11/16 and readmitted agnoses including Displaced cture with Intracondylar r End of Left Femur, Dyspnea, re Pulmonary Disease, Acute and Systolic and Diastolic 2 Diabetes Mellitus with any, Chronic Atrial Fibrillation, rome, Heart Failure, Pleural resis, Hyperlipidemia, Panic apressive Disorder, Anxiety ision, Irritable Bowel Syndrome ageal Reflux Disease without ent #81 discharged from the liew of the Quarterly Minimum 8/17 revealed the resident had remain Mental Status score of 15, cognitively intact. Ty investigation revealed a rom Certified Nurse Aide 27/17 " I was shown a picture an inappropriate picture of the also witnessed [CNA#1] at the nurse's station one	F 25	23	potential to be affected by the practice. On 06.27.2017 residents were interviewed department heads utilized Abuse Questionnaire. Concerns were identified. The residents received a subsessment on 06.27.2017, concerns were identified. Staff were interviewed nurse administration and and neglect using the Abuse Questionnaire. Interviewing included any knowledge incident. No new reports abuse were identified. 3.On 06.27.2017, 100% of subsessions were identified.	all by ing No All kin no All ing and use use of of taff and use use inse inse use inse inse use inse inse inse inse inse inse inse in		

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	tasks. Further, vide be taken of resider Information] and e Health Information Medical record reviadmitted to the faction 7/15/17 with dia Supracondylar Fra Extension of Lowe Chronic Obstructiv on Chronic Combin Heart Failure, Type Dlabetic Neuropath Chronic Pain Synd Effusion, Gastropa Disorder, Major De Disorder, Hyperten and Gastro-Esophagitis. Resid facility on 7/28/17.	phones while performing work eo and or pictures should not nts, PHI [Protected Health PHI [electronic Protected i]" riew revealed Resident #81 was bility on 11/11/16 and readmitted agnoses including Displaced acture with Intracondylar or End of Left Femur, Dyspnea, or Pulmonary Disease, Acute ned Systolic and Diastolic e 2 Diabetes Mellitus with hy, Chronic Atrial Fibrillation, brome, Heart Fallure, Pleural presis, Hyperlipidemia, Panic epressive Disorder, Anxiety pision, Irritable Bowel Syndrome ageal Reflux Disease without ent #81 discharged from the	F 223	administration on Cell policy. On 06.27.2017, 10 staff trained by Administration and nursing administration of Cell Media policy. On and 06.28.2017, 100% of trained by Administration of Cell Media policy. On and 06.28.2017, 100% of trained by Administration of Cell Media policy. On 06.28.2017, 10 staff received training Dignity, Respect, Custom Service. All new employed be educated by Resources on Abuse	ursing Phone 0 % of strator on on 06.27 f staff r and on 00% of g on stomer es will duman e and o, Cell
	Data Set dated 6/2 a Brief Interview for Indicating she was Review of the facility written statement fr (CNA) #2 dated 6/2 by [CNA #1]. It was resident in 4088.	ty investigation revealed a from Certified Nurse Aide 27/17 "I was shown a picture an inappropriate picture of the also witnessed [CNA#1] at the nurse's station one		4.The SW will concentrate Abuse/Neglect Interview a random sample of resident BIMS > 9 or higher a family members every we four weeks, and then members for three months, represults to QAPI Committed.	idents and/or ek for onthly orting ee for

Telephone interview with CNA #1 on 10/11/17 at 6:35 PM revealed she admitted taking a picture of Resident #81 while the resident was transferring

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPL	(X3) DATE SURVEY		
	F CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	A COMM CETES	
k	AL COMPANY	445124	B. WING		10/11/2017
	PROVIDER OR SUPPLIER	LLC	- 6	TREET ADDRESS, CITY, STATE, ZIP CODE 55 EAST BLEDSOE STREET SALLATIN, TN 37066	4
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETION
F 223	from the bedside of unknown when this interview revealed of from the waist dow approximately 2 mo picture to CNA #2 at to any other staff. Interview with the A 4:30pm in her office facility falled to prevent the staff. Investigate to prevent the staff of the staf	picture was taken. Further the resident was not clothed in. Further Interview revealed on the later the CNA sent the and denied showing the picture administrator on 10/11/17 at a revealed confirmed the vent abuse/exploitation for DIVIDUALS (3)(4)(c)(1)-(4) (a) (b) (c) (1)-(4) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	F 225	Any identified concerns will immediately reported to a administrator with follow completed as appropriated bepartment Heads will austaffs cell phone compliared daily during room round documenting on Room Rounform. Any concerns will immediately reported to a Administrator/designee with mediately action as required to a statement of the secured and secured a statement of the secured and secured a statement of the secured in the investigative for 100% of staff were interviewed and neglect allegation related missing money with no negligible.	the up lite. Idit ince ids, ands be the vith red. If the ent and lile. If to liew in the ew in t
	(4) Report to the St licensing authorities	ate nurse aide registry or any knowledge it has of		Abuse Reporting a	and

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 01/03/2018 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCES AND PLAN OF CORRECTION AND PLAN OF CORRECTION AND PLAN OF CORRECTION AND PLAN OF CORRECTION AULIDING AULID	CENTE	RS FOR MEDICARE	& MEDICAID SERVICES			
THE WATERS OF GALLATIN, LLC (X4) ID PRETEX TAGES OF GALLATIN, LLC (X4) ID PRETEX TAGES OF GALLATIN, LLC (X4) ID PRETEX TAGES OF GALLATIN, LLC (X5) ID PROVIDERS PLAN OF CORRECTION (CALLATIN, T) 37066 F 225 Continued From page 3 actions by a court of law against an employee, which would indicate unfitness for service as a nurse alde or other facility staff. (x) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: (1) Ensure that all alleged violations involving abuse, neglect, exploitation or instreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation is made, if the events that cause the allegation involve abuse and contresult in servicus bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-tern care facilities) in accordance with State law through established procedures. (2) Have evidence that all alleged violations are thoroughly investigated. (3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress. (4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the allegad violation is verified appropriate in the procedures and to be utilized in all investigations.			(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		(X3) DATE SURVEY COMPLETED
### SPERMS OF GALLATIN, LLC SAST BLEDSOE STREET GALLATIN, TN 37866		n ⁶⁸ - 60	445124			10/11/2017
F 225 Continued From page 3 actions by a court of law against an employee, which would indicate unfilmess for service as a nurse aide or other facility staff. (c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must. (1) Ensure that all alleged violations involving abuse, neglect, exploitation or instreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 24 hours after the allegation in made, if the events that cause the allegation in rovive abuse and do not result in serious bodily injury, or to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. (2) Have evidence that all alleged violations are thoroughly investigation? (4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate			LLC	3	555 EAST BLEDSOE STREET	
F 225 Continued From page 3 actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff. (c) in response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: (1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and to not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. (2) Have evidence that all alleged violations are thoroughly investigation. Staff and representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the allegad violation is verified appropriate	PREFIX	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	DBE COMPLETION
requierbore strator forms the takent		actions by a court of which would indicate nurse aide or other (c) In response to a exploitation, or mist. (1) Ensure that all a abuse, neglect, exploitation, or mist. (1) Ensure that all a abuse, neglect, exploitation of reported immediate after the allegation cause the allegation cause the allegation serious bodily injury the events that causabuse and do not rethe administrator of officials (including the adult protective serior jurisdiction in lor accordance with St. (2) Have evidence thoroughly investigation, or mist investigation is in procedures. (3) Prevent further pexploitation, or mist investigation is in procedure and with State law, including a procedure and with State law, including a procedure and with State law, including the alleged violation.	of law against an employee, the unfitness for service as a facility staff. allegations of abuse, neglect, treatment, the facility must: alleged violations involving ploitation or mistreatment, in unknown source and resident property, are ploy, but not later than 2 hours is made, if the events that in involve abuse or result in the facility and to other of the State Survey Agency and vices where state law provides ing-term care facilities) in attending to the state survey are attended. That all alleged violations are attended to other officials in accordance attended to other officials in accordance are facility to the State Survey orking days of the incident, and on is verified appropriate		06.27 and 06.29 by the regions consultants. 2.All residents have the potential to be affected by the practice. 100% of residents with BIMS > 9 and or family member were interviewed by social worker to ensure no unreported abuse with no new finding 100% of staff were educated of abuse and neglect by nursing administration on 06.27 and 07.13 then administered at Abuse Competency Test with 100% pass rate, to ensure comprehension. Sk assessments were completed to 06.27.2017 by ADON or residents with BIMs of < equal to 8 with no new finding 3.Administrator, Director Nursing, and Assistant Director Nursing, and Assistant Director Nursing were trained 1.1.7.1 regional consultation Abuse Investigation a Reporting. Abuse checklist were reviewed and to be utilized in	all ie is ih rs al ie is in on on or igs. of or or ints on

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PRINTED: UT/U3/ZUTB FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING 10/11/2017 B. WING 445124 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **665 EAST BLEDSOE STREET** THE WATERS OF GALLATIN, LLC GALLATIN, TN 37066 PROVIDER'S PLAN OF CORRECTION (X6) COMPLETION DATE SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) F 225 Continued From page 4 4. The Nurse Consultant will This REQUIREMENT is not met as evidenced audit all Reportable Events. the Abuse Based on review of facility policy, medical record utilizing review, and interview, the facility failed to Checklist Investigation to thoroughly investigate 2 allegations for 1 resident ensure Abuse Investigations are (#81) of 5 residents reviewed for abuse. thoroughly investigated and The findings included: reporting policy and checklist are followed for three months, Review of facility policy, Abuse Prevention forwarded QAPI then Program, dated 1/19/17 revealed "...Once the Administrator or designee determines that there Committee for review is a reasonable cause for suspecting abuse, the recommendation. Administrator or designee will investigate the allegation and obtain a copy of any documentation relative to the incident..." Medical record review revealed Resident #81 was admitted to the facility on 11/11/16 and readmitted on 7/15/17 with diagnoses including Displaced

facility on 7/28/17.

Supracondylar Fracture with Intracondylar Extension of Lower End of Left Femur, Dyspnea, Chronic Obstructive Pulmonary Disease, Acute on Chronic Combined Systolic and Diastolic Heart Failure, Type 2 Diabetes Mellitus with Diabetic Neuropathy, Chronic Atrial Fibrillation, Chronic Pain Syndrome, Heart Failure, Pleural Effusion, Gastroparesis, Hyperlipidemia, Panic Disorder, Major Depressive Disorder, Anxlety Disorder, Hypertension, Irritable Bowel Syndrome and Gastro-Esophageal Reflux Disease without Esophagitis. Resident #81 discharged from the

Medical record review of the Quarterly Minimum Data Set dated 6/28/17 revealed Resident #81 had a Brief Interview for Mental Status score of 15 indicating she was cognitively intact.

PRINTED: UT/03/2010 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING 10/11/2017 B. WING 445124

STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 555 EAST BLEDSOE STREET THE WATERS OF GALLATIN, LLC GALLATIN, TN 37066 PROVIDER'S PLAN OF CORRECTION COMPLETION DATE SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) F 225 F 225 Continued From page 5 Review of the facility investigation regarding abuse/exploitation of Resident #81 revealed no statement from the identified staff who took the picture or from Resident #81. Review of the facility investigation of an undated hand written document revealed "...Res [resident] reported to nurse that \$80 was missing fr [from] wallet. It has been 2-3 days since she saw it ... ' Further review of the facility's investigation revealed 5 witness statements were obtained from staff. Interview with the Administrator on 10/11/17 at 4:30 PM in her office revealed the resident was having hallucinations when she reported the money missing. The Administrator stated the hallucinations worsened as the day progressed. resulted in the resident being sent to local hospital for evaluation. The Administrator confirmed no additional witness statements were obtained nor was a statement obtained from Resident #81. The Administrator confirmed she wrote the hand written document in the investigation. The Administrator confirmed the facility failed to thoroughly investigate 2 allegations of abuse/exploitation and misappropriation of funds for Resident #81. Interview with the Assistant Director of Nursing (ADON) on 10/11/17 at 4:45 PM in the conference room revealed the statements in the investigations were obtained by the Director of Nursing, the Administrator and the ADON. The ADON confirmed no additional statements were obtained from any additional staff, from the identified staff who took the picture of Resident #81 or from Resident #81 about either

investigation. The ADON confirmed the facility

STATEMEN AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED
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F 225	failed to thoroughly The facility falled to who worked prior to missing and from R failed to completed missing money per to obtain statement took the picutre of Fresident thus the facility policy. ASSESSMENT	complete both investigations. obtain statements from staff the money being reported esident #81 thus the facility a thorough investigation of the the facility. The facility failed s from the identified staff who Resident #81 and from the cility failed to complete a on of abuse/exploitation per	F2		ENT 10/24/17
	CFR(s): 483.20(g)-((g) Accuracy of Assemust accurately reflection (h) Coordination A registered nurse reach assessment we participation of health (i) Certification (1) A registered nurse the assessment is considered to the company of the assessment of the assessment must signate portion of the assessment with a portion of the a	essments. The assessment ect the resident's status. nust conduct or coordinate ith the appropriate the professionals. The must sign and certify that completed. The completes a portion of the gn and certify the accuracy of issessment.		ACCURACY/COORDINATION/OFIED 1Resident #34 was scheduled assessed by the Dentist 10.13.2017. Care plan was up by the Minimum Data Set (MDS) as needed on 10.20.201 Minimum Data Set (MDS) Nowere trained on Section "Oral/Dental Status", on 10.24 the Regional MDS Registered if 2All Residents have the potent be affected by this practice Assessments were completed residents by the Licensed	d and t on odated Nurse 17 The Nurses n L,17 by Nurse. tial to Oral ed on MDS idents were

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	CC	TE SURVEY MPLETED
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Y	resident assessment penalty of not more assessment; or (ii) Causes another and false statements subject to a civil m \$5,000 for each as (2) Clinical disagrematerial and false This REQUIREMED by: Based on medical and interview, the assess the oral state residents reviewed. The findings included the findings included to the factory of the factory of the factory of the factory. Acquired Disorder, Major Dewithout Behavioral Hypertension. Medical record reveal to the factory of the factory of the factory. Acquired Disorder, Major Dewithout Behavioral Hypertension. Medical record reveal to the factory of the factor	ent is subject to a civil money re than \$1,000 for each are individual to certify a material and in a resident assessment is noney penalty or not more than assessment. Beement does not constitute a statement. ENT is not met as evidenced are review, observation, facility failed to accurately actus of 1 resident (#34) of 20 dd. If the revealed Resident #34 was callity on 3/31/09 and readmitted by 15 with diagnoses including se, Abnormal Posture, Urinary tonomic Neuropathy in a Legs Syndrome, Vitamin Deed Hemolytic Anemia, Anxiety expressive Disorder, Dementia Distrubance and the Quarterly Minimum ated 2/7/17, the Annual MDS the Quarterly MDS dated Dental Status section revealed to concerns.	F 2	278	dental appointments sched follow up. Care plans will be as needed. 3MDS Nurses were trained Regional MDS Nurse on Se "Oral/Dental Status", on 1 The MDS Consultant will At of Comprehensive Assessments monthly for 3 to ensure accurate coding 10.25.17. Any concerns it will be immediately address reeducation, correction communicated to the Admir 4The MDS Consultant will At of Comprehensive Assessments monthly for 3 to ensure accurate coding concerns identified with immediately addressed reeducation, correction communicated to the Admir The results of audits forwarded to the Administration Director of Nursing for rev forwarded to the QAPI Cofor review and recommend	updated d by the ection L, 10.24.17. udit 10% MDS months effective dentified sed with a and nistrator. udit 10% MDS months ng. Any vill be with a and nistrator. will be rator and iew then ommittee	
*	Deficiency, Acquind Disorder, Major De without Behavioral Hypertension. Medical record rev Data Set (MDS) de dated 5/5/17, and 68/2/17 of the Oral/I the resident had no Observation on 100	ed Hemolytic Anemia, Anxlety epressive Disorder, Dementia Distrubance and riew of the Quarterly Minimum ated 2/7/17, the Annual MDS the Quarterly MDS dated Dental Status section revealed			communicated to the Admin The results of audits forwarded to the Administr Director of Nursing for rev forwarded to the QAPI Co	nistrator. will be rator and iew then ommittee	A THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN C

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 278	Hall area, and on Hall dining area reseveral missing frof the mouth. Interview with the 12:10 PM in her or responsible for consection of the MD Cordinator confirms tatus section on 2/7/17, the Annual Quarterly MDS dataccurately. RELEASE RES IN RECORDS CFR(s): 483.20(f) (5) Resident-identifiable accordance with a agrees not to use except to the extent odo so. 483.70(i)(3) The farecord information unauthorized use. This REQUIREMENT.	10/11/17 at 7:20 AM in the 600 evealed Resident #34 had ont teeth at the top and bottom MDS Corrdinator on 10/11/17 at office revealed she was empleting the dental status S for Resident #34. The MDS ned Resident #34's dental the Quarterly MDS dated I MDS dated 5/5/17 and the oten 8/2/17 were not coded NFO, SAFEGUARD CLINICAL (5)(i)(ii); 483.70(i)(3) Ident-identifiable Information, but release Information that is le to the public. If y release information that is le to an agent only in a contract under which the agent or disclose the information in the facility itself is permitted against loss, destruction, or in the source of the sourc	F 2'	F-516 483.20 (f) (5)(483.70(i)(3) RELEASE RESIDENT INFORMAT SAFEGUARD CLINICAL RECORD 10n 10.10.17 at 4:02 PM Assistant Director of Nu secured the controlled subst prescription and educated licensed nurse on the policy Controlled Substance Prescrip emphasizing the importance maintaining the security of controlled substance prescrip by placement of prescriptions sealed envelopes for deliver pharmacy. Education was	the rsing rance the r for tions the tions into y to also
	Based on review and interview, the	of facility policy, observation, facility failed to safeguard formation against loss or	s s	provide on ensuring the door to nursing station is locked v licensed staff are not in attende	vhen

DEPARTMENT OF HEALTH AND HUMAN SERVICES

F 516 Continued From page 9 unauthorized use. The findings included: Review of facility policy, Controlled Substance Prescriptions, undated revealed "In compliance with applicable state and federal regulations, and to prevent diversion of controlled substances, the following steps must be taken when a provider completes and signs a prescription for a controlled substance in the skilled nursing facility:Original paper prescription to be placed in a sealed envelope and delivered to pharmacy" Observation on 10/10/17 at 4:00 PM at the 600 Hall nurses station revealed the station door open, the desk top computer was logged into a resident's chart and a paper prescription for Lortab was stored on the desk. Further observation or the immediate area. The HIPAA Policy was reviewed and the importance of securing resident information including the medical record was stressed with emphasis on always logging off of computers and never leaving a computer work station open when unattended. 20n 10.10.17 at approximately 4:30 PM an automatic lock was placed on the nursing station door by the Director of Maintenance. On 10.11.17 the maintenance director applied automatic door closure device to the door. 3All residents have the potential to be impacted by this practice. On 10.10.17 at approximately 4: 10 PM the Director of Nursing and Assistant	STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	H 1000000000000000000000000000000000000	LE CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
THE WATERS OF GALLATIN, LLC (A4) ID PREFIX I (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 516 Continued From page 9 unauthorized use. The findings included: Review of facility policy, Controlled Substance Prescriptions, undated revealed "In compliance with applicable state and federal regulations, and to prevent diversion of controlled substances, the following steps must be taken when a provider completes and signs a prescription for a controlled substance in the skilled nursing facility:Original paper prescription to be placed in a sealed envelope and delivered to pharmacy" Observation on 10/10/17 at 4:00 PM at the 600 Hall nurses station revealed the station door open, the desk top computer was logged into a resident's chart and a paper prescription for Lortab was stored on the desk. Further observation revealed no facility staff in the nurses station or the immediate area. 555 EAST BLEDSOE STREET GALLATIN, TN 37066 SALLATIN, TN 37066 PREFIX (EACH DEFICIENCY) The HIPAA Policy was reviewed and the importance of securing resident information including the medical record was stressed with emphasis on always logging off of computers and never leaving a computer work station open when unattended. 2On 10.10.17 at approximately 4:30 PM an automatic lock was placed on the nursing station door by the Director of Maintenance. On 10.11.17 the maintenance director applied automatic door closure device to the door. 3All residents have the potential to be impacted by this practice. On 10.10.17 at approximately 4: 10 PM the Director of Nursing and Assistant		U S	445124		-	10/1	1/2017
F 516 Continued From page 9 unauthorized use. The findings included: Review of facility policy, Controlled Substance Prescriptions, undated revealed "In compliance with applicable state and federal regulations, and to prevent diversion of controlled substances, the following steps must be taken when a provider completes and signs a prescription for a controlled substance in the skilled nursing facility:Original paper prescription to be placed in a sealed envelope and delivered to pharmacy" Observation on 10/10/17 at 4:00 PM at the 600 Hall nurses station revealed the station door open, the desk top computer was logged into a resident's chart and a paper prescription for Lortab was stored on the desk. Further observation revealed no facility staff in the nurses station or the immediate area. PREFIX TAG REPLA CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) The HIPAA Policy was reviewed and the importance of securing resident information including the medical record was stressed with emphasis on always logging off of computers and never leaving a computer work station open when unattended. 20n 10.10.17 at approximately 4:30 PM an automatic lock was placed on the nursing station door by the Director of Maintenance. On 10.11.17 the maintenance director applied automatic door closure device to the door. 3All residents have the potential to be impacted by this practice. On 10.10.17 at approximately 4: 10 PM the Director of Nursing and Assistant		25		5	55 EAST BLEDSOE STREET SALLATIN, TN 37066		AC III
the importance of securing resident information including the medical record was stressed with emphasis on always logging off of computers and never leaving a computer work station open when unattended. 20n 10.10.17 at approximately 4:30 pM an automatic lock was placed on the nursing station door by the Director of Maintenance. On 10.11.17 the maintenance director applied automatic door closure device to the door. Observation on 10/10/17 at 4:00 PM at the 600 Hall nurses station revealed the station door open, the desk top computer was logged into a resident's chart and a paper prescription for Lortab was stored on the desk. Further observation revealed no facility staff in the nurses station or the immediate area.	PREFIX	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI	D BE	(X5) COMPLETION DATE
Observation and interview on 10/10/17 at 4:02 PM at the 600 Hall nurses station, with the Assistant Director of Nursing (ADON) present, revealed the station door open, the desk top computer was logged into a resident's chart and a paper prescription for Lortab was stored on the desk. Interview with the ADON confirmed it was not facility procedure for the computer to be logged on and the paper prescription to be stored on the desk without facility staff present. Further interview confirmed the facility falled to safeguard the medical record information against loss or unauthorized use. Director of Nursing Infinitediately conducted audits of all nursing stations and computers to ensure patient information, medical records, and prescriptions for controlled substances were secured properly. No concerns were identified. Facility staff were educated by the Director of Nursing and Assistant Director of Nursing on HIPAA Policy and the importance of maintaining the confidentiality of		unauthorized use. The findings include Review of facility por Prescriptions, undawith applicable state to prevent diversion following steps mucompletes and sign controlled substance Original paper presealed envelope and Deservation on 10/Hall nurses station open, the desk top resident's chart and Lortab was stored cobservation reveales station or the immedical paper prescription of the desk. Interview with not facility procedured the medical record in the desk without interview confirmed the medical record.	ded: policy, Controlled Substance ated revealed "In compliance te and federal regulations, and n of controlled substances, the st be taken when a provider as a prescription for a ce in the skilled nursing facility: escription to be placed in a and delivered to pharmacy" P10/17 at 4:00 PM at the 600 revealed the station door computer was logged into a da paper prescription for on the desk. Further ed no facility staff in the nurses ediate area. Iterview on 10/10/17 at 4:02 nurses station, with the of Nursing (ADON) present, a door open, the desk top ed into a resident's chart and a for Lortab was stored on the athe ADON confirmed it was a for the computer to be paper prescription to be stored to facility staff present. Further the facility falled to safeguard	F 516	the importance of securing resinformation including the more record was stressed with emponal and never leaving a computer station open when unattended 2On 10.10.17 at approximately PM an automatic lock was place the nursing station door by Director of Maintenance. 10.11.17 the maintenance director of the door. 3All residents have the potent be impacted by this practice. 10.10.17 at approximately 4: 1 the Director of Nursing immed conducted audits of all nustations and computers to e patient information, more cords, and prescriptions controlled substances were seproperly. No concerns identified. Facility staff educated by the Director of Nursing immed conducted audits of all nustations and computers to e patient information, more cords, and prescriptions controlled substances were seproperly. No concerns identified. Facility staff educated by the Director of Nursing immed conducted by the Director of Nursing individual Assistant Director of Nursing individual Ass	ident edical chasis outers work	

STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATÉ SURVEY COMPLETED
	PROVIDER OR SUPPLIER TERS OF GALLATIN,	445124 LLC	66	TREET ADDRESS, CITY, STATE, ZIP CODE 55 EAST BLEDSOE STREET ALLATIN, TN 37066	10/11/2017
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROVIDENCE).	D'BE COMPLETION
	The findings included Review of facility por Prescriptions, undared with applicable state to prevent diversion following steps must completes and sign controlled substance Original paper presealed envelope and Observation on 10/1 Hall nurses station of open, the desk top or resident's chart and Lortab was stored of observation revealed station or the immediately of the facility procedures the station computer was logged paper prescription for desk. Interview with not facility procedures logged on and the proportion of the desk without interview confirmed interview confirmed interview confirmed interview of facility procedures the desk without interview confirmed interview confirmed interview of facility procedures the desk without interview confirmed in	ed: licy, Controlled Substance led revealed "In compliance a and federal regulations, and of controlled substances, the t be taken when a provider a prescription for a e in the skilled nursing facility: scription to be placed in a d delivered to pharmacy" 0/17 at 4:00 PM at the 600 evealed the station door computer was logged into a a paper prescription for in the desk. Further d no facility staff in the nurses	F 516	medical record was revie Logging off of computers and leaving a computer work stopen were emphasized. 10.10.2017 and 10.11.2017 lice nurses were educated by Assistant Director of Nursing Director of Nursing on the polic Controlled Substance Prescriptemphasizing the importance maintaining the security of controlled substance prescriptory placement of prescriptions sealed envelopes for deliver pharmacy. Education was provided to ensure the door the nursing station is locked licensed staff are not in attend the HIPAA Policy was reviewed the importance of securing resinformation including the merecord was stressed with empon always logging off of compand never leaving a computer station open when unattended 4The Director of Nursing of designee during new Hire Nu Orientation beginning 10.25.2017 will provide education nursing staff on the HIPAA Polity with emphasis on maintains	never tation On ensed the g and cy for otions e of f the otions s into ry to also to the when fance. d and sident edical ohasis outers work r her ursing on fon to colicy,

FORM APPROVED OMB NO. 0938-0391

records Random audits w	COMPLETED
(X4) ID PROVIDER'S PLAN OF CORRECTIVE ACTION SHOUL (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 516 Continued From page 9 unauthorized use. The findings included: Review of facility policy, Controlled Substance Prescriptions, undated revealed "in compliance with applicable state and federal regulations, and to prevent diversion of controlled substances, the following steps must be taken when a provider completes and signs a prescription for a controlled substance in the skilled nursing facility:Original paper prescription to be placed in a sealed envelope and delivered to pharmacy"	10/11/2017
F 516 Continued From page 9 unauthorized use. The findings included: Review of facility policy, Controlled Substance Prescriptions, undated revealed "in compliance with applicable state and federal regulations, and to prevent diversion of controlled substances, the following steps must be taken when a provider completes and signs a prescription for a controlled substance in the skilled nursing facility:Original paper prescription to be placed in a sealed envelope and delivered to pharmacy" Emphasis will be provided reg security of the medical record of privacy screens for completes and leaving a computer work is open when unattended. For screen protectors have ordered for computers and applied to computer screen protectors have ordered for computers and applied to computer screen protectors have ordered for computers and applied to computer screen protectors have ordered for computers and applied to computer screen protectors have ordered for computers and applied to computer screen protectors have ordered for computers and applied to computer screen protectors have ordered for computers and applied to computer screen protectors have ordered for computers and applied to computer screen protectors have ordered for computers and applied to computer screen protectors have ordered for computers and applied to computer screen protectors have ordered for computers and applied to computer screen protectors have ordered for computers and applied to computer screen protectors have ordered for computers and applied to computer screen protectors have ordered for computers and applied to computer screen protectors have ordered for computers and applied to computer screen protectors have ordered for computers and applied to computer screen protectors have ordered for computers and applied to computer screen protectors have ordered for computers and applied to computer screen protectors have ordered for computers and applied to computer screen protectors have ordered for computers and applied to computer screen	DBE COMPLETION
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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING	LE CONSTRUCTION		TË SURVEY MPLETED
hase a	க் E சமை இவ	446124	B. WING		10	/11/2017
	PROVIDER OR SUPPLIER	The state of the s		STREET ADDRESS, CITY, STATE, ZIP CODE 555 EAST BLEDSOE STREET GALLATIN, TN 37066	her are the property	T- 5000-0-0
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHO (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	ULD BE	COMPLETION DATE
	Prescriptions, undate with applicable state to prevent diversion following steps must completes and signs controlled substance Original paper presealed envelope and Observation on 10/1 Hall nurses station reopen, the desk top or resident's chart and Lortab was stored or observation revealed station or the immed Observation and Interestation or the immed Observation and Interestation or the immed computer was logged paper prescription for desk. Interview with the facility procedure logged on and the paper on the desk without finterview confirmed to	licy, Controlled Substance ed revealed "In compliance and federal regulations, and of controlled substances, the betaken when a provider a prescription for a ein the skilled nursing facility: scription to be placed in a delivered to pharmacy" 0/17 at 4:00 PM at the 600 evealed the station door omputer was logged into a paper prescription for a the desk. Further	F 516	reported to the Administrate Director of Nursing or design addressed immediately with reeducation and counsel appropriate. The results of will be forwarded to the Director Nursing and Administrate review and follow up forwarded to the QAPI Comfor review and recommendations.	ee and h staff ing as audits ctor of or for then mittee	

If continuation sheet Page 10 of 10

FORM CMS-2567(02-99) Previous Versions Obsolele

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EMPLOYEE NAME	POSITION	ABUSE	CELL PHONE	SOCIAL MEDIA	HIPPA	STAFF QUESTIONNAIRE	CUSTOMER	*
Adams, Tierra	HOUSEKEEPING	6/27	6/27	6/27	6/27	6/27	6/28	:=
Adams, Valaurie	HOUSEKEEPING	6/27	6/27	6/27	6/27	6/27	6/28	
Adams, Virginia	DIETARY AIDE	6/27	6/27	6/27	6/27	6/27	6/28	
Alguire, Lori	LPN	REFUSED	6/27	6/27	REFUSED	6/27	REFUSED	
Ashworth, Tina	SOCIAL SERVICES	6/27	6/27	6/27	6/27	6/27	6/28	
Blackwood, Sherrie	LPN	6/27	6/27	6/27	6/27	6/27	6/28	2
Blake, Sarah	ST	6/27	6/27	6/27	6/27	6/27	6/28	
Byram, Jana K.	DON	6/26	6/26	6/27	6/26	6/27	6/28	×
Byrd, Melissa	RN	6/27	6/27	6/27	6/27	6/27	06/9	
Cantrell, Shelia	CLERICAL/PAYROLL	6/27	6/27	6/27	6/27	6/27	6/28	
Chastian, Margie	LPN	6/27	6/27	6/27	6/27	6/27	6/29	
Clay, Montrea	CNA	6/27	6/27	6/27	6/27	6/27	6/28	
Cook, Christie	CNA	6/27	6/27	6/27	6/27	6/27	6/29	
Cooper, Destiney N	CNA	6/27	6/27	6/27	6/27	6/27	6/28	
Copass, Phyllis	CNA	6/27	6/27	6/27	6/27	6/27	6/59	
Crain, Tony	MAINTENANCE DIR	6/27	6/27	6/27	6/27	6/27	6/28	
Cross, Rita	TRANSPORTATION	6/27	6/27	6/27	6/27	6/27	6/28	
Dabio, Mindy	ОТ	6/28	6/27	6/27	6/28	6/27	6/28	ď
Dalton, Sharl	CNA	6/27	6/27	6/27	6/27	6/27	6/28	
Davenport, Jamie	CNA	6/27	6/27	6/27	6/27	6/27	6/28	
Dell'Aquila, Johnna	LPN	6/27	6/27	6/27	6/27	6/27	6/28	_
Dixon, Madelyn Rochelle	OFFICE MANAGER	6/27	6/27	6/27	6/27	6/27	6/28	
Douglas, Sonya	CNA	6/28	6/28	6/28	6/28	6/28	6/28	
Esquivel, Jeannie	HSKP SUPERVISOR	6/27	6/27	6/27	6/27	6/27	6/28	
Faulton, Lois	CNA	6/27	6/27	6/27	6/27	6/27	6/28	
Foshee, Jeniffer	LPN	6/27	6/27	6/27	6/27	6/27	6/28	_
Getchel, Danielle	MDS	6/27	6/27	6/27	- 6/27 -	6/27	6/28	
Gleaves, Jeraldean	CNA	6/27	6/27	6/27	6/27	6/27	6/28	
Gooch, Charla	LPN	6/27	6/27	6/27	6/27	6/27	6/29	
Goostree, Kelsev	CNA	6/27	6/27	6/27	6/27	6/27	6/28	

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34	e					34 34	RESPECT,
			CELL	SOCIAL		STAFF	CUSTOMER
EMPLOYEE NAME	POSITION	ABUSE	PHONE	MEDIA	HIPPA	QUESTIONNAIRE	SERVICE
Grissom, Bryan	PT PT	6/28	6/27	6/27	6/28	6/27	6/28
Grizzard, Janie	DIETARY AIDE	6/27	6/27	6/28	6/27	6/27	6/28
Gross, Kathy	DIETARY DIRECTOR	6/27	6/27	6/27	6/27	6/27	6/29
Haapala, Carrie	RSM	6/27	6/27	6/27	6/27	6/27	6/28
Haile, Peggy	CNA	6/27	6/27	6/27	6/27	6/27	6/28
Hall, Darneka	HOUSEKEEPING	6/27	6/27	6/27	6/27	6/27	6/28
Haper, Linda	ACTIVITY AIDE	6/27	6/27	6/27	6/27	6/27	6/28
Harris, Ashley	DIETARY DIRECTOR	6/27	6/27	6/27	6/27	6/27	6/28
Harrís, Lisa	CNA	6/27	6/27	6/27	6/27	6/27	6/28
Haviland, Bonnie	COOK	6/27	6/27	6/27	6/27	6/27	6/28
Henry, Phillip	CNA	6/27	6/27	6/27	6/27	6/27	6/28
Honeycutt, Carolyn Renea	CNA	6/27	6/27	- 6/27	6/27	6/27	6/28
Hoskins, Christy	LPN	6/27	6/27	6/27	6/27	6/27	6/28
Howard, Moffitt Verica	RN	6/27	6/27	6/27	6/27	6/27	6/28
Christian, Renard	HOUSEKEEPING	6/27	6/27	6/27	6/27	6/27	6/28
Humphrey, angelitio	соок	6/28	6/28	6/28	6/28	6/28	6/28
Jenkins, Marchell	DIETARY AIDE	6/27	6/27	6/27	6/27	6/27	6/28
Joaque, Lucy	CNA	6/27	6/27	6/27	6/27	6/27	6/29
Johnson, Dominque	CNA	6/28	6/27	6/27	6/28	6/28	6/28
Jones, Karen	MEDICAL RECORDS	6/27	6/27	6/27	6/27	6/27	6/28
Layne, Amy	LPN	6/27	6/27	6/27	6/27	6/27	Resigned 6/29
Layne, Tammy	CNA	6/27	6/27	6/27	6/27	6/27	6/28
	PT	6/28 MAIL	6/27	6/27	6/28 MAIL	6/27	6/28
Litts, Vickie	RN	6/27	6/27	6/27	6/27	6/27	6/28
Locke, Bettye	MDS	6/27	6/27	6/27	6/27	6/27	6/28
Loftis, Robert	COTA	6/27	6/27	. 6/27	6/27	6/28	6/28
Long, Maria	HOUSEKEEPING	6/27	6/27	6/27	6/27	6/27	6/28
Malone, Burnell	REHAB AIDE	6/27	6/27	6/27	6/27	6/27	6/58
Manier, Donner	ACTIVITY DIRECTOR	6/27	6/27	6/27	6/27	6/27	6/28
Martin, Robin	CNA	6/27	6/27	92/9	6/27	6/27	6/28
McDonald, Anna	HOUSEKEEPING	6/27	6/27	6/27	6/27	6/27	6/28

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	7	Э.	CELL	SOCIAL		STAFF	CUSTOMER
EMPLOYEE NAME	POSITION	ABUSE	PHONE	MEDIA	HIPPA	QUESTIONNAIRE	SERVICE
Mikkelsen, Erika	≥ Td	6/27	6/27	6/27	6/27	6/27	6/28
Moore, Judy	CNA	6/27	6/27	6/27	6/27	6/27	6/28
Morris, Cynthia Hasking	TO	6/27	6/27	6/27	6/27	6/27	6/28
Morrison, Sally	PTA	6/27	6/27	6/27	6/27	6/27	6/28
Newman, Ida	LPN	6/27	6/27	6/27	6/27	6/27	6/29
Overall, Danielle Lexie	CNA	6/27	6/27	6/27	6/27	6/27	6/28
Overman, Judy	LPN	6/27	6/27	6/27	6/27	6/27	08/9
Peek, Elizabeth	CNA	6/28	6/28	6/28	6/28	6/28	6/28
Rand, Trevor	LPN	6/27	6/27	6/26	6/27	6/27	6/28
Reynolds, Jennifer	LPN	6/27	6/27	6/27	6/27	6/27	6/28
Roberts, Patricia	CNA	6/27	6/27	6/27	6/27	6/27	6/28
Satterfield, Sharon	CNA	6/27	6/27	6/27	6/27	6/27	6/28
Shelton, Dawn Michelle	COOK	6/27	6/27	6/27	6/27	6/27	
Sisco, Angela	NdT	6/28	6/26	97/9	6/28	6/27	6/29
Smiley, Delia	ADMISSION DIR	6/26	6/26	6/26	97/9	6/27	6/59
Smith, Joyce L.	CNA	6/27	6/27	6/27	6/27	6/27	6/28
Spencer, Lisa	PT	6/28	6/27	6/27	6/28	6/27	6/28
Sollinger, Kevin	CNA	6/27	6/27	6/27	6/27	6/27	6/28
Steitler, Hannah	ST	6/27	6/27	6/27	6/27	6/27	6/28
Stevens, Jamie	CNA	1 6/27	£/2/9	6/27	6/27	6/27	6/28
Stewart, Rita Annette	CNA	6/27	6/27	6/27	6/27	6/27	6/28
Sweat, Jennifer	CNA	6/27	97/9	6/27	6/27	6/28	6/28
Thieme, Jennifer	DIETARY AIDE	6/28	6/28	6/28	6/28	6/27	08/9
Toney, Amy	CNA	6/27	6/27	6/27	6/27	6/27	6/59
Wheeler, Amanda	CNA	6/27	6/27	6/27	6/27	6/27	6/28
Williams, Larry	PTA/TC	6/28	6/27	6/27	-6/28	6/27	6/28
Williams, Pam	ST	6/28	6/27	6/27	6/28	6/27	6/28
Williams, Priscilla	LAUNDRY	6/27	6/27	6/27	6/27	6/27	6/28
Williams, Trina	CNA	6/27	6/27	6/27	6/27	6/27	6/59
Willmore, Robin	ADMINISTRATOR	6/28	6/28	6/28	6/28	6/28	6/28
Wood, Therese P	NdT	6/28	97/9	97/9	6/28	6/27	6/59
Woodard, April	HOUSEKEEPING	6/27	6/27	6/27	6/27	6/27	6/28
Vocast Islies	DOR	6/27	6/27	6/27	6/27	6/27	6/28

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Staff Questionnaire

Staff Name:			Date:	Security		-
	s - 14					
1. Have you or resident?	or do you know if	anyone ha	as ever ta	ken any p	oictures	of a 🐃 🖰
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73	or do you know o n on any social m	•	osting res	idents pi	ctures o	r
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	E.			27	9	
3. Havé you e	ver witnessed an	y type of a	buse tow	ard a res	ident in	this 🕆
facility?	W 2		e F			
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THE WATERS OF GALLATIN - In-Service Record

Date: 01, 27, 7017	
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Robin Willman	100/1mm	Admin	
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THE WATERS OF GALLATIN - In-Service Record

Subjects covered: Abuse (sporting protice)			
abjects covered:	- (')		
Abuse (upo	sting protect		
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